
Commentary on “The Numerous Facets of Quality Care” by Elaine Heaton

Commentaires au sujet de “Les nombreuses facettes des soins de qualité” par Elaine Heaton

M.A. Bayer

Faculty of Management

The University of Calgary

Author Elaine Heaton has written an interesting article on the perceptions of quality care by various stakeholders in the health care delivery system. She implies that quality care is very much the perception of the stakeholder, but there is very little overlap in the perceptions amongst the stakeholders. Also, given the ever increasing scarcity of resources, she questions the consequences of not providing quality health care, which raises questions of ethical behaviour. These are the challenges of the future. Somehow we must be able to satisfy stakeholder needs and provide quality care with the resources available. What then are the mechanisms for achieving these goals?

Probably the most important element for success is ethical behaviour. Formally defined, ethical behaviour is that which is morally accepted as “good” and “right” as opposed to “bad” or “wrong” in a particular setting. In medical care, ethics has a long history. Over time, other professions, such as teaching, professional engineering, and architecture, to name a few, have adopted codes of ethics. Also, many business organizations have published codes of conduct for employees and management to provide guidelines for resolving ethical dilemmas. However, in the end, ethical behaviour remains the responsibility of the individual. Penalties for unethical behaviour are ostracism, punishment, and dismissal.

In recent years many organizations have been confronted by the need to improve productivity and the quality of goods or services to remain competitive. To achieve competitive success, much attention has been given to the application of Total Quality Management (TQM) methods, but with varying degrees of success. Not-for-profit organizations, such as educational institutions, governments, and health-care institutions, have followed suit and have also struggled with implementation. In business, quality improvement activities generally centre around satisfying internal and external customers’ needs in terms of products or services. But in not-for-profit organizations customers’ (stakeholders) needs are less easily identified. Ergo the plea made by Heaton: “But what IS quality care.”

Heaton introduces the application of TQM methods for quality improvement in a health care setting in terms of the quality improvement cycle and self-directed teams. However,

that alone may not be enough. It is important to note that quality improvement initiatives in many organizations have not been successful due, in large part, to lack of top management support and the failure to view quality improvement as a never ending journey. Those organizations whose quality improvement initiatives have been successful have followed very similar paths.

Implementation of TQM begins with a vision of what the organization will be in the future. This vision is usually developed by the CEO in consultation with other senior managers. A statement of values is developed, if a code of ethical behaviour does not already exist.

A mission statement elaborates on the vision by providing long-term goals that the organization wishes to achieve over a three to five year period. All levels of management participate in developing the mission statement.

Top management must communicate the vision, the mission statement, and the statement of values to all stakeholders in the organization. Management also has the responsibility to provide resources for training facilitators and team members in quality improvement processes.

A quality council is appointed by top management with membership from all levels of the organization and serves as the management team for the organization’s quality improvement efforts. Quality improvement teams are often the members of a work unit who work together on a daily basis. These are the people who usually know where and how improvements need to be made. Supervisors become coaches and resource persons to assist the teams in their quality improvement activities.

Implementation of TQM is not easy. It requires the cooperation and the dedication of everyone in the organization. Moreover, there will be some casualties. As responsibility is moved down the organization, some middle managers are no longer needed and have to go. Others who are unable to function in the new culture leave voluntarily. Some organizations have chosen the wrong goal. They have focused on winning a quality award and, once the award is won, there is no more incentive to improve quality. Then the red ink flows.